## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  23628 7590 07/29/2011  WOLF, GREENFIELD & SACKS, P.C. 600 Atlantic Avenue  Boston, Massachusetts 02210-2206   |   |                      |   |                                       | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                              |                       |                          |             |
|---|---|----------------------|---|---------------------------------------|--|------------------------------|-----------------------|--------------------------|-------------|
|   |   |                      |   |                                       | Doris  | A. Champagn                  | ie                    | (Deposi                  | tor's name) |
|   |   |                      |   |                                       | pori   | r Û . Cho                    | ampagne               |                          | (Signature) |
|   |   |                      |   |                                       |  | er 26, 2011                  | / VIA'EFS-            |                          | (Date)      |
| APPLICATION NO.   | FILING DATE                                       | F                    | FIRST NAMED INVENTO   |                                       | OR   |                              | EY DOCKET NO          |                          | NO.         |
| 10/593,390  | 07/20/2007  |                      | Stefan Hansch   |                                       |  | H0075.70116US00 8873         |                       |                          |             |
| TITLE OF INVENTION:   | METHOD AND  | DEVICE FOR 1         | THE PRODI   | JCTION OF                             | A SPLIT BEA  | ARING ARR                    | ANGEMENT              |                          |             |
| APPLN. TYPE   | SMALL ENTITY                                      | ISSUE FEE            |   | PUBLICATION FEE                       |  | TOTALI                       | FEE(S) DUE            | DATE DUE                 |             |
| nonprovisional  | no  | \$1,740.00           |   | \$300.00                              |  | \$2,040.00                   |                       | 10/31/2011               |             |
| EXAMINER  |   | ART UNIT             |   | CLASS-SUBCLASS                        |  |                              |                       |                          |             |
| A. A. Parv  | 3729  |                      | 029-898000  |                                       |  |                              |                       |                          |             |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.      Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRIN |   |                      | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Wolf, Greenfield & Sacks, P.C. |                                       |  |                              |                       |                          |             |
| PLEASE NOTE: Unless a<br>for recordation as set fort<br>(A) NAME OF ASSIGNEE  | an assignee is identifie<br>n in 37 CFR 3.11. Con | d below, no assi     | ignee data w<br>form is NOT   | vill appear on a substitute  RESIDENC | the patent. If<br>for filing an a<br>CE: (CITY and   | an assignee is<br>ssignment. |                       | , the document has been  | filed       |
| Alfing Kessler Sonderm  | aschinen GmbH                                     |                      |   | Aalen, Gern                           | nany   |                              |                       |                          |             |
| Please check the appropriate ass  | signee category or catego                         | ries (will not be pr | rinted on the   | patent):                              | Individual   | X Corpora                    | tion or other private | e group entity Gover     | nment       |
| 4a. The following fee(s) are  | enclosed:   | <del></del>          | 4b. I   | Payment of F                          | <b>œ</b> (s):  |                              |                       |                          |             |
| X Issue Fee A check in the am   |   |                      |   |                                       | unt of the fee   | (s) is enclosed              | i.                    |                          |             |
| x Publication Fee (No small entity discount permitted) x Payment by credit card. Form PTO-2038 is attached.   |   |                      |   |                                       |  |                              |                       |                          |             |
| Advance Order -# of   | f Copies  |                      |   |                                       | eby authorized<br>umber  |                              |                       | , or credit any overpaym | ent, to     |
| 5. Change in Entity Status  | (from status indicated                            | i above)             |   |                                       |  |                              |                       |                          |             |
| <u> </u>  | SMALL ENTITY stat                                 |                      | <u> </u>  | <del>-</del>                          |  |                              |                       | status. See 37 CFR 1.27( | g)(2).      |
| he Director of the USPTO is r<br>OTE: The Issue Fee and Publ<br>sterest as shown by the records   | lication Fee (if required                         | ) will not be acc    | epted from a  |                                       |  |                              |                       |                          | party in    |
| Authorized Signature William R. Mr Cleilan  |   |                      |   |                                       |  | Date                         | eO                    | ctober 26, 2011          |             |
| Typed or printed name   | William R. McClellan                              |                      |   |                                       |  | Regi                         | stration No.          | 29,409                   |             |